

PATENT

Attorney Docket: 1253 CIP CON FWC3 CON2
(203-630 CIP CON FWC3 CON2)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: David T. Green et al. EXAMINER: Brian D. Nash
SERIAL NO.: 10/753,248 ART UNIT: 3721
FILED: January 8, 2004 DATED: March 26, 2009
FOR: APPARATUS FOR APPLYING SURGICAL FASTNERS
TO BODY TISSUE (As Amended)

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	9	MINUS 20	= 0	X 26 \$	X 52 \$ 0.00
INDEP.	2	MINUS 3	= 0	X 110 \$	X 220 \$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 195 \$	X 390 \$ 0.00
				TOTAL	OR TOTAL \$ 0.00
				ADDIT. FEE	\$ 0.00

No additional fee is required.

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

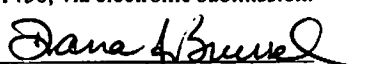
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission.

Dated: March 26, 2009


Dana A. Brussel

[] Please charge Deposit Account No. 21-0550 in the amount of \$_____.

[] A check in the amount of \$_____ is enclosed.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No.21-0550 Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor.

Respectfully submitted,



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